

## 2014 PEBB Life and AD&D Rates

Employee Basic Monthly Cost\*: \$ 4.08

Spouse/Dependent Basic Monthly Cost: \$ 0.50

Employee/Spouse Supplemental:

Age	Monthly Cost for each \$1,000 of Coverage (Available in \$10,000 increments)	
	Non-Smoker	Smoker
25 or less	\$ 0.024	\$ 0.031
25-29	\$ 0.026	\$ 0.037
30-34	\$ 0.029	\$ 0.049
35-39	\$ 0.036	\$ 0.056
40-44	\$ 0.054	\$ 0.063
45-49	\$ 0.078	\$ 0.095
50-54	\$ 0.122	\$ 0.145
55-59	\$ 0.228	\$ 0.270
60-64	\$ 0.350	\$ 0.411
65-69	\$ 0.646	\$ 0.792
70 and over	\$ 0.964	\$ 1.287

Supplemental Accidental Death and Dismemberment:			Coverage Spouse Would Have:		Coverage Children Would Have:	
Employee AD&D Benefit	Cost to Cover Employee Only	Cost to Cover Emp and Dependents	With No Children	With Children	With Spouse	With No Spouse
\$ 25,000	\$ 0.20	\$ 0.30	\$ 12,500	\$ 10,000	\$ 1,250	\$ 2,500
\$ 50,000	\$ 0.40	\$ 0.60	\$ 25,000	\$ 20,000	\$ 2,500	\$ 5,000
\$ 75,000	\$ 0.60	\$ 0.90	\$ 37,500	\$ 30,000	\$ 3,750	\$ 7,500
\$ 100,000	\$ 0.80	\$ 1.20	\$ 50,000	\$ 40,000	\$ 5,000	\$ 10,000
\$ 125,000	\$ 1.00	\$ 1.50	\$ 62,500	\$ 50,000	\$ 6,250	\$ 12,500
\$ 150,000	\$ 1.20	\$ 1.80	\$ 75,000	\$ 60,000	\$ 7,500	\$ 15,000
\$ 175,000	\$ 1.40	\$ 2.10	\$ 87,500	\$ 70,000	\$ 8,750	\$ 17,500
\$ 200,000	\$ 1.60	\$ 2.40	\$ 100,000	\$ 80,000	\$ 10,000	\$ 20,000
\$ 225,000	\$ 1.80	\$ 2.70	\$ 112,500	\$ 90,000	\$ 11,250	\$ 22,500
\$ 250,000	\$ 2.00	\$ 3.00	\$ 125,000	\$ 100,000	\$ 12,500	\$ 25,000

\* Represents premium paid to plan. For state employees, Employee Basic is paid by the employer. For Employer Groups, K-12, and ESD's accepting the full benefits package, the premium for Employee Basic is included in the rates for the selected medical plan. Coverage is not provided to groups accepting the Medical Only package.

## 2014 PEBB Long-Term Disability Rates

Basic Plan Monthly Cost\*: \$ 2.00

Optional Plan:

Waiting Period	TIAA-CREF or Higher Education Academic Retirement Plan Employees	TRS, PERS, & other Retirement Plan Employees*
30 days	1.86%	1.47%
60 days	0.95%	0.78%
90 days	0.52%	0.43%
120 Days	0.30%	0.26%
180 days	0.23%	0.20%
240 days	0.22%	0.20%
300 days	0.20%	0.18%
360 days	0.20%	0.17%

*\*Represents premium paid to plan only.*

*For State Employees, Basic Plan coverage is funded by the state.*